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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index - - - No. <u>23</u>
District		ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. <u>116</u>
Town or city	<u>Globe</u>	No. _____	Local Registrar's - No. <u>116</u>
2. FULL NAME <u>Mrs Alice Beatrice Lewis</u>		(If death occurred in a hospital or institution, give its NAME instead of street number)	
(a) Residence. No. <u>Old Dominion Hospital</u>		Ward _____	
Length of residence in city or town where death occurred		yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or <u>DIVORCED</u> (Write the word)	
5a. If married, widowed, or <u>divorced</u> HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) <u>Nov 11th 1878</u>			
7. AGE	Years <u>46</u>	Months <u>5</u>	Days <u>27</u> IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Proprietor Lewis Lodge</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer			
9. BIRTH PLACE (city or town) <u>Beaver City</u> (State or Country) <u>Utah</u>			
10. NAME OF FATHER <u>William Hurst</u>			
11. BIRTHPLACE OF FATHER <u>Scotland</u> (city or town) (State or country)			
12. MAIDEN NAME OF MOTHER <u>Sarah Rankin</u>			
13. BIRTHPLACE OF MOTHER <u>Scotland</u> (city or town) (State or country)			
14. Informant <u>Mrs Charles J. Turner</u> (Address) <u>232 E. Lewis Lodge</u>			
15. Filed <u>May 20 1925</u> <u>W. W. Hurst</u> Local Registrar.			
Filed _____ 19____ V. S. No. 1 County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>May 8 1925</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>March 10th 1925</u> to <u>May 8 1925</u> that I last saw <u>her</u> alive on <u>May 8 1925</u> and that death occurred, on the date stated above, at <u>4-5 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Cerebral hemorrhage</u> (duration) _____ yrs. _____ mos. <u>7</u> ds.			
CONTRIBUTORS (second party) <u>W. W. Hurst</u> (duration) _____ yrs. _____ mos. _____ ds.			
18. Where was case contracted? <u>at home</u> not at place of death?			
Did an operation precede death? <u>Yes</u> Date of <u>May 7 1925</u>			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Paralysis</u>			
Signed <u>W. W. Hurst</u> M. D. May 9 1925 (Address) <u>Globe, Ariz.</u>			
*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homic (See reverse side for additional space.)			
19. PLACE OF BURIAL. CREMATION OR REMOVAL <u>Removal to Mesa</u>		DATE OF BURIAL <u>19</u>	
20. UNDERTAKER <u>James Turner Home</u>		ADDRESS <u>Globe Ariz</u>	
<u>By J. L. Jones</u>			